

Office of Procurement

Rockville Center
255 Rockville Pike, Suite 180
Rockville, MD 20850-4166
Phone: (240)777-9900
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**MONTGOMERY COUNTY VENDOR REGISTRATION FORM**

APPLICANT/FIRM NAME:

SALE ADDRESS:

CITY:

ST:

ZIP:

CONTACT NAME:

TAXPAYER/FED ID NO:

IRS Regulation state that Vendor Name and Taxpayer Federal ID No. (TIN) need to match. There is a penalty for any TIN reported wrong two years in a row.

PHONE:

EXT:

FAX:

REMITTANCE ADDRESS:

CITY:

ST:

ZIP:

DESCRIPTION OF BUSINESS

Type of Organization:

☐ Partnership ☐ Non-Profit ☐ Individual ☐ Corporation ☐ Other

Date Business started:

If incorporated, in which state:

Date of Incorporation:

Federal ID No.:

Category:

☐ Manufacturer or Producer ☐ Distributor ☐ Dealer
☐ Service Establishment ☐ Architect-Engineer or other Professional Services

Facilities, financial resources and organization in sufficient detail to demonstrate ability, capacity, and reliability with respect to goods or services to be provided:

Annual Gross Receipts for the
previous three (3) years:

Year -1: \$

Year -2: \$

Year -3: \$

Current number of employees on payroll: Full Time: Part Time: Consultant: Other:

Recent and current contracts with the county or other persons or entities, including a brief description of goods or services under the contract, dollar value, and other pertinent information:

(FOR MINORITY BUSINESS ONLY)

Note: attach a copy of your letter if you have been certified by the Maryland Department of Transportation (MDOT), or SAB (8A) Certification Letter from the Federal Government.

Minority Classification (check all that apply to minority owner):

☐ African American ☐ Hispanic American ☐ Asian American ☐ Native American ☐ Female ☐ Disabled

VENDOR COMMODITY INFORMATION

_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name:
Title:
Phone:

Name:
Title:
Phone:

I certify that the information supplied herein (including any attachments) is correct and that neither the applicant nor any person (or concern) having any connections with the applicant as a principal or officer is now debarred or otherwise declared ineligible by any agency or the county or state government from bidding for furnishing materials, supplies or services to the county or state or any agency.

Signature of Company Principal

Date